

**Superior Court of Washington
County of**

In re:

and

Petitioner,

Respondent.

No.

**Notice of Hearing
(Child Support Modification)
(NTHG)**

(Optional use)

To:

1. It has been requested that this matter be scheduled for hearing.
2. A hearing date has been set:
On: _____ [Date] at _____ a.m./p.m..
At: _____ Court, Room/Department: _____
3. The purpose of the hearing is to determine whether the relief requested in the Petition for Modification of Child Support should be granted.
4. The Petition for Modification of Child Support will be heard by the court on the financial affidavits, child support worksheets and other documents filed by the parties without oral testimony, unless oral testimony is authorized by the court pursuant to RCW 26.09.175(5).
5. If you wish to present oral testimony you must file a Motion to Present Oral Testimony and a proposed Order on Motion to Present Oral Testimony as set forth in RCW 26.09.175(6) and local court rules.

Dated: _____

Signature of Moving Party or Lawyer/WSBA No.

Print or Type Name